JAMES F. BROWN Mayor



MARK DOMENICO Director

DEPARTMENT OF CODE ENFORCEMENT

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www.romenewyork.com

APPLICATION FOR PLUMBING EXAMINATION

Instructions

- 1) Type or print in ink
- 2) Two (2) Affidavits of Good Moral Character and two (2) Affidavits of Employment (plumbing employment only) must be completed and submitted along with your application.

The Affidavit forms have been provided to you. Please distribute the forms to the necessary individuals for completion. Direct individuals to return completed, signed and acknowledged Affidavits directly to you. Do not submit application until all completed Affidavits have been returned to you.

submit applicati	on until all compl	eted Affidavits have	been returned to y	ou	
3) Applicat	tion and Exam Fee	must accompany ap	olication.		
1. NAME	<u></u>				
2. ADDRESS					
		(Street & Num	ber)		
	City		State		Zip Code
3. TELEPHONE	E: ()	()		
4. SSN:					
5. Are you a US	Citizen? YES	NO If no,	Please provide Em	nployment Authorizat	ion Document (EAD)
6. Are you a lice	ensed plumber in a	ny city or state:	No Y	Yes	
If yes, d	ate first licensed _ (Attach a	copy of original certi	Type ficate or copy of cu	rrent license)	_
7. Education (At	tach copy of trans	cript from trade school	ols pertaining to the	e plumbing trade)	
Trade School	<u>N</u>	ame and Location	Date of A	Attendance	
			F	/ To.	,

8. Number of years engaged in tr	ade, business or calling of plumb	ping
9. Employment (five years imme	diately preceding the date of app	olication; list all)
Employer	City	Phone Number
444444444444444444444444444444444444444		
STATE OF NEW YORK COUNTY OF) SS.:	
The applicant, being duly best of his/her knowledge and that		ne statements subscribed to by him/her are true to the Application.
Applicant's Signature:		Date:/
STATE OF NEW YORK COUNTY OF) ss.:	
subscribed to the within instrume	nt and acknowledged to me that	ppeared, before me, the undersigned, a Notary ppeared, ory evidence to be the individual whose name is (s)he executed the same in his/her capacity, and that on upon behalf of which the individual acted,
Sworn to before me this of, 200	day	
Notary Public/Commissioner of I	Deeds	
My Commission Expires:		

<u>AFFIDAVIT</u>

Two (2) Affidavits must be completed and signed by persons (other than applicant or family members of applicant), who reside in the City of Rome, indicating personal acquaintance with the applicant and attesting to applicant's good moral character and temperate habits.

1. In the Matter of the Application of _			
2. Your Name			
3. Home Address (Street & Number) _			
City	State	Zip Code	
Telephone			<u></u>
4. In answer to this question, please pro applicant; 2) your opinion as to applicant opinion:	nt's good moral character		is for your
· · · · · · · · · · · · · · · · · · ·			
* "			
			
STATE OF NEW YORK) COUNTY OF ONEIDA) ss.:			
I, be have been supplied by me and that the a	ing duly swom, depose an answers subscribed by me	nd say that the answers to the foregoing are true to my own knowledge.	ing questions
Affiant's Signature:		Date://	
STATE OF NEW YORK) COUNTY OF ONEIDA) ss.:			
On theday of Public/Commissioner of Deeds in and f personally known to me or proved to m subscribed to the within instrument and by his/her signature on the instrument, executed the instrument.	l acknowledged to me that	(s)he executed the same in his/her c	apacity, and that
Sworn to before me this day of, 200	у		
Notary Public/Commissioner of Deeds	_		
My Commission Expires:			

AFFIDAVIT

Two (2) Affidavits must be completed and signed by persons (other than applicant or family members of applicant), who reside in the City of Rome, indicating personal acquaintance with the applicant and attesting to applicant's good moral character and temperate habits.

1. In the Matter of the Appli	cation of	·	
2. Your Name			
3. Home Address (Street &)	Number)		
City	State	Zip Code	
Telephone			
		1) the length and nature of your accepter and temperate habits; and 3) the	
			·
STATE OF NEW YORK COUNTY OF ONEIDA			
I have been supplied by me an	, being duly sworn, depo d that the answers subscribed by	se and say that the answers to the formula y me are true to my own knowledge	oregoing questions
		Date:/_	
STATE OF NEW YORK COUNTY OF ONEIDA			
subscribed to the within instr	rument and acknowledged to me	he year 200, before me, the und ally appeared sfactory evidence to be the individu that (s)he executed the same in his person upon behalf of which the in	her capacity, and that
Sworn to before me this of, 200	day		
Notary Public/Commissioner	r of Deeds		
My Commission Expires:			

In the Matter of the Application	n of:			
Employer Name:		Telephone No. ()		
Business Address:Stre	et	Apt. or Suite No.		
City	State		Zip Code	
Immediate Supervisor to Appli	cant:		nsed Journeyman tractor Not Licensed	
			Commercial Plumbing Maintenance Residential Sewer Cleaning	
Date of Employment:/	/ Date of Se	eparation:/		
Reason Employment Ended				
STATE OF)) ss.:			
I, be me and that the answers subscr	eing duly sworn, depose and say t ribed by me are true to my own k	hat the answers to the fore nowledge.	egoing questions have been supplied by	
Affiant's Signature:		Date:		
STATE OF)) ss.:			
Public/Commissioner of Deeds known to me or proved to me instrument and acknowledged	to me that (s)he executed the sam he person upon behalf of which the	appeared	, personally nose name is subscribed to the within that by his/her signature on the	
Notary Public/Commissioner of	of Deeds			
My Commission Expires:				

In the Matter of the Application of:		
Employer Name:	Telephone	No. ()
Business Address: Street	Apt.	or Suite No.
	-	
City	State	Zip Code
Immediate Supervisor to Applicant:		Licensed Journeyman Contractor Not Licensed
		Construction Commercial Plumbing Maintenance Construction Residential Sewer Cleaning
Date of Employment://	Date of Separation:	
Reason Employment Ended		
STATE OF	s.:	
I, being duly me and that the answers subscribed by	y sworn, depose and say that the answer me are true to my own knowledge.	ers to the foregoing questions have been supplied by
Affiant's Signature:		Date://
STATE OF	s.:	
On the day of	at (s)he executed the same in his/her c n upon behalf of which the individual	, before me, the undersigned, a Notary , personally ndividual whose name is subscribed to the within apacity, and that by his/her signature on the acted, executed the instrument.
Notary Public/Commissioner of Deeds	_	
My Commission Expires:		

In the Matter of the Appl	lication of:			
Employer Name:		Telephone No. ()	
Business Address:	Street	Apt. or Suite	No.	
City	State		Zip Code	
Immediate Supervisor to	Applicant:		Licensed Journeyman Contractor	Not Licensed
	Plumbing Repair Residential Plumbing Repair Commercial			
Date of Employment:	/	of Separation:/_	/	_
Reason Employment End	ded			
STATE OF)) ss.:			
I me and that the answers	, being duly sworn, depose and s subscribed by me are true to my ow	say that the answers to the n knowledge.	e foregoing questions h	nave been supplied by
Affiant's Signature:		Dat	e:/	
STATE OF)) ss.:			
Public/Commissioner of known to me or proved t instrument and acknowle	day of, in Deeds in and for said State, person o me on the basis of satisfactory evadged to me that (s)he executed the al, or the person upon behalf of which	ally appeared	al whose name is subsc and that by his/her sig	, personally bribed to the within nature on the
Sworn to before me this of, 200	day 			
Notary Public/Commissi	oner of Deeds			

My Commission Expires:

In the Matter of the Appl	ication of:			
Employer Name:		Telephone No. ()	
Business Address:	Street	Apt. or Suit	e No.	
City	State	e	Zip Code	
Immediate Supervisor to	Applicant:		Licensed Journeyman Contractor	Not Licensed
	Plumbing Repair Residential Plumbing Repair Commercial			
Date of Employment:	/	e of Separation:/	/	_
Reason Employment End	ed			
STATE OF)) ss.:			
I me and that the answers s	, being duly sworn, depose and ubscribed by me are true to my o	say that the answers to the knowledge.	he foregoing questions ha	ave been supplied by
Affiant's Signature:		Da	ite:/	
STATE OF))ss.:			
known to me or proved to instrument and acknowled	day of, i Deeds in and for said State, perso me on the basis of satisfactory e liged to me that (s)he executed the , or the person upon behalf of wh	vidence to be the individu e same in his/her capacity	al whose name is subscr , and that by his/her sign	ibed to the within
Notary Public/Commission	oner of Deeds			
My Commission Expires:				